

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00000008372

1. Corporation Name

THE FIGG FOUNDATION, INC.

2. Principal Office Address

227 S. Calhoun St.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 2003**

4. Date Incorporated or Qualified  
To Do Business in Florida

12/19/2000

5. FEI Number

59-3687744

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Robert A. Pierce, Ausley & McMullen, P.A.

Street Address (P.O. Box Number is Not Acceptable)

227 S. Calhoun St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Robert A. Pierce*

REGISTERED AGENT MUST SIGN

Date 10/03/2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Ann Ruth Figg	410 North Ride	Tallahassee, FL 32303
DPS	John B. Mowell	407 E. 6th Ave.	Tallahassee, FL 32303
DVT	Robert A. Pierce	227 S. Calhoun St.	Tallahassee, FL 32301

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Robert A. Pierce*

Robert A. Pierce, VP/Treas.

10/03/2003 850-425-5484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (1/0/02)